

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003 Patent fees are subject to annual revision

 Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$2290.00)

Complete if Known

Application Number	10/617,372
Filing Date	July 11, 2003
First Named Inventor	GILREATH, Mark G.
Examiner Name	
Group / Art Unit	3737
Attorney Docket No.	P-4438-US

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 05-0649 Deposit Account Name Eitan, Pearl, Latzer & Cohen Zedek, LLP									
The Director is authorized to: (check all that apply)									
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid			
1001	790	2001	395	Utility filing fee		790.00			
1002	350	2002	175	Design filing fee					
1003	550	2003	275	Plant filing fee					
1004	790	2004	395	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)				(\$790.00)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
Total Claims		Extra Claims		Fee from Below		Fee Paid			
20		-20** =		0 x 0 = 0					
3		-3** =		0 x 0 = 0					
Multiple Dependent				x 0 = 0					
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)		Fee Description					
1202		18 2202		9 Claims in excess of 20					
1201		88 2201		44 Independent claims in excess of 3					
1203		300 2203		150 Multiple dependent claim, if not paid					
1204		86 2204		43 ** Reissue independent claims over original patent					
1205		18 2205		9 ** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)				(\$0.00)					
**or number previously paid, if greater. For Reissues, see above									
Reduced by Basic Filing Fee Paid									
SUBTOTAL (3) (\$1500.00)									

SUBMITTED BY						Complete (if applicable)	
Name (Print /Type)		Caleb Pollack		Registration No. (Attorney/Agent)		37,912	Telephone (212) 632-3480
Signature						Date	November 2, 2004

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